When the client is an institution: Interdisciplinary consulting and research opportunities at the Oregon State Hospital

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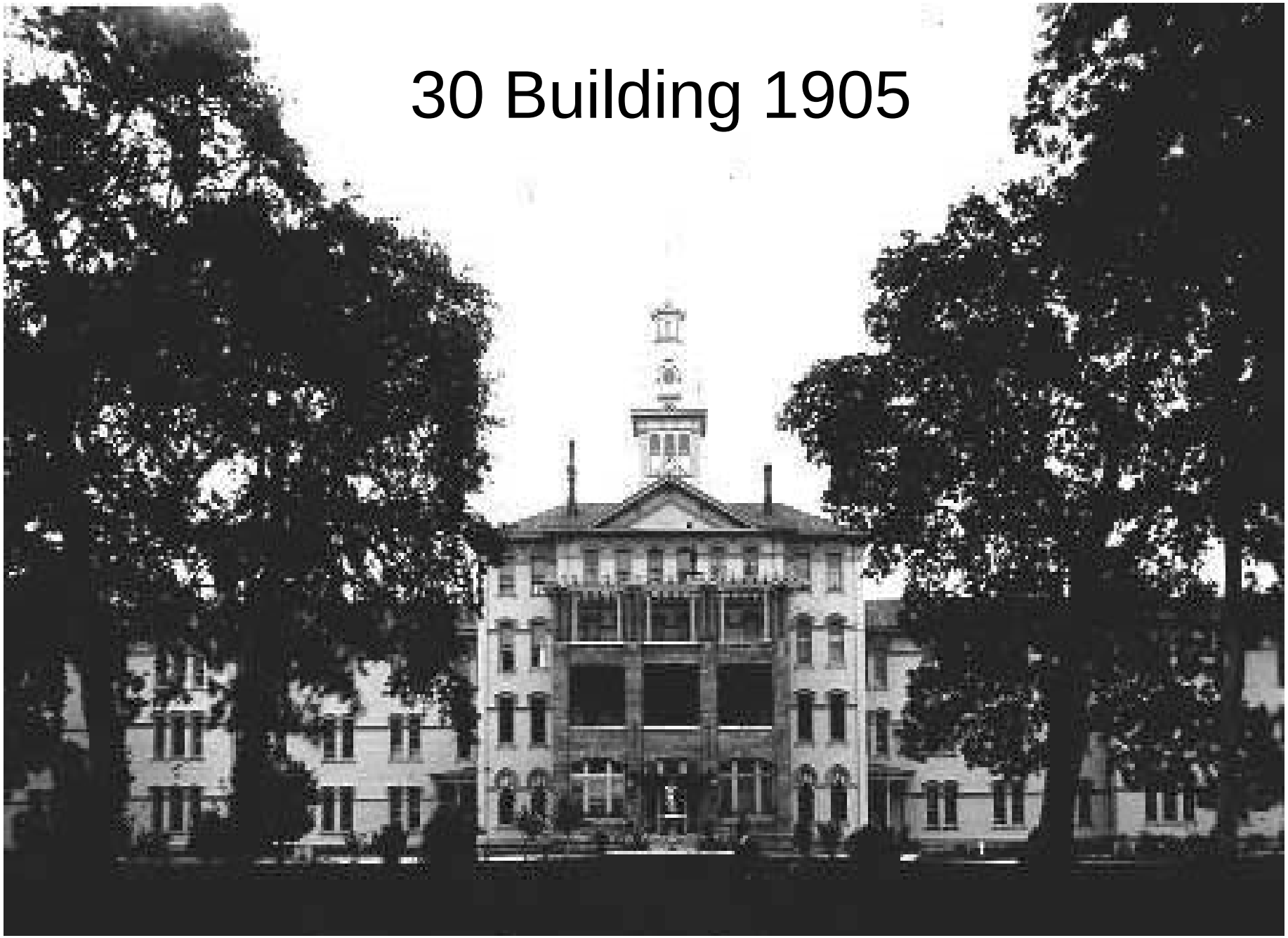
Oregon State Hospital
History and Overview

- 1883-Oregon Insane Asylum opens
- 1955-Last building was constructed
- 1950s- hospital population over 3,000
- Today-675 budgeted beds: 439 Forensic, 122 Adult Civilly Committed and 114 Geropsychiatric
- 2003- New Superintendent led to new focus on the hospital
- 2006 -Master Plan and legislative approval for building a new hospital
- 2007- US DOJ highlighted many problems in facilities, staffing, and patient care
- 2008- the bad publicity and public scrutiny can be turned to a force to bring the OSH into the forefront of modern facilities with modern, evidence based practice

The Oregon State Hospital as it looked in 1885.

30 Building 1905



OSH Interiors 1905

Women’s Ward 1905


Weaving Room 1905

36 /Dome Building

An institutional dilemma: How to evolve gracefully

Shift in treatment philosophy from '*medical model*' to:

Recovery based, person centered treatment focused on discharge to community.

Anticipated Changes

- Design and build a new hospital
- Treatment service delivery
- Organization and management structure
- Roles of staff
- Hiring, orienting and retaining new workforce
- Curriculum development & implementation of evidence based practices
- Assessment & Treatment Care Planning
- Information systems changes-medical record, pharmacy, data
- Outcome measurement

Research and evaluation needs noted by OSH

- Impact of new facility
- Impact of new treatment delivery system
- Effectiveness of: dual disorders treatment, sex offender treatment, community integration programming, vocational and educational services, etc
- Fall reduction strategies
- Impact in changes in psychopharmocology

Consultation as a professional activity

- Identifying the client
- Who are the stakeholders
- Understanding the context
- Short, intermediate, and long term projects

Occupational Therapy: Building Clinical and Academic Partnerships

Re-Connecting in New Ways

Background:

- Oregon State Hospital has been an existing clinical training site for Pacific University occupational therapy students, however now new bridges have formed in this collaboration.

Academic Shifts:

- Syllabus expanded by using OSH clinical staff as educators, this includes training at hospital and through guest lectures.
- Beginning March, two courses in first year occupational therapy will be piloted.
- Occupational therapy students will do case study including chart review, treatment plan writing, assessment and group work with patients at the hospital.
- OSH therapists are seen as partnered educators with academic educator.

Second and third year occupational therapy students:

- Opportunities for continued collaboration while designing masters research projects.
- Opportunities for innovative practice ideas that include new models being implemented at the hospital..
- Student, therapist and faculty collaboration for evidence based practice projects to evaluate effectiveness of occupational therapy treatment in the setting.

Organizationally:

- Work force shortages
- Meets needs of practice shortage in Oregon by training more occupational therapy students in mental health practice.

Research in cognitive assessment: Heidi Meeke

Measures / Assessment Tools

Psychometrics

Measure
Rel/Val

- Assessment of Motor and Process Skills (AMPS)
  - Excellent reliability (r = 0.86 to 0.93)
- Behavioural Assessment Scale (BAS)
  - Normative age tables
    - 60 – 69
    - 70 - 79
    - 80 - 89
    - Regression-predicted percentile ranks

Goals/Constraints

Characteristics of use

- Evaluates M & P skills + impact on complex/instrumental & ADL behaviors
  - 16 motor skills, 20 process skills
- Gauges safety, independence, ease, and efficiency in task performance of goal-directed actions
- Documents functional status of older people with moderate to severe dementia/cognitive impairment
  - Sensitive to varying levels of adaptive behavior deficits
  - 32 items (23 scaled, 9 dichotomous)
  - Predicts Global Functioning and Daily Living Skills

Measures / Assessment Tools

Psychometrics

Measure Rel/Val

- Barthel Index (BI)
  - Excellent reliability (r = 0.89 to 0.94)
  - Modified 10-item version (Functional Independence Measure) also excellent reliability (r = 0.89 – 0.96)

- Montreal Cognitive Assessment Scale (MoCA)
  - Excellent reliability (r = 0.92)

Goals/Constraints

Characteristics of use

- Originally measured dependence, now often measure of ADLs and personal disability
- OK for both neurological disorders and physical disability

- Rapid screening detection of mild cognitive impairment
  - Differentiate between mild impairment and normal subjects who have memory complaints
  - Attention/concentration, executive functioning, memory, language, visuoconstruction skills, conceptual thinking, calculations, orientation
- Everyday cognitive functioning tool

Measures / Assessment Tools

Psychometrics **Measure** **Rel/Val**	Goals/Constraints **Characteristics of use**
• Motor Assessment Scale (MAS) – Excellent reliability (r = 0.92 – 0.99)	• Assesses everyday motor functioning in patients with cognitive impairment • Task-oriented, performance based tool for functional tasks (as opposed to isolated patterns of movement)
• Daily Living Activities Scale (DLA) – Validity: Concurrent, convergent, discriminant – Sensitive to change – Adequate internal consistency and interrater reliability	• To assess needs, plan services, and evaluate outcomes for serious mental illness • Easy to use, minimal training needed • Complement client self-rated measures

Measures / Assessment Tools

Psychometrics

Measure
Rel/Val

- Independent Living Scale (ILS)
  - Excellent reliability (r = 0.86 to 0.98)

Goals/Constraints

Characteristics of use

- Assesses likelihood of successful independent community living
- Use to gauge competence with psychiatric illness (incl. schizophrenia) and with cognitive impairment
  - 5 subscales, 2 factor-analyzed subscales
    - Memory orientation
    - Managing money
    - Managing home and transportation
    - Health and safety
    - Social adjustment
    - Problem solving

Measures / Assessment Tools

Psychometrics

Measure Rel/Val

- Resident Assessment Instrument – Mental Health (RAI-MH)
  - Convergent validity
  - Excellent reliability (r = 0.70)
- UCSD Performance-Based Skills Assessment (UPSA)
  - Interrater reliability excellent
  - Correlated significantly with negative symptoms and cognitive impairment

Goals/Constraints

Characteristics of use

- Emphasizing personal functioning, through:
  - Psychiatric, social, environmental, medical issues at intake
  - Supports care planning, quality improvement, outcome measurement
- Assesses everyday functional capacity in mentally ill adults
  - Gauged through standardized role play
  - 5 domains of functioning:
    - Household chores
    - Communication
    - Finance
    - Transportation
    - Planning recreational activities

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Working with low-functioning/less verbal patients

Short-term goals:

(1) promote therapeutic alliance
(2) encourage attachment to treatment program
(3) motivate for longer-term treatment
(4) symptom relief and develop personal goals
(5) reduce acting out and clinical stabilization
(6) develop plans for rehabilitation to work/training/education
(7) reduce sensory and social deprivation/isolation
(8) collaborative psychopharmacology

Long-term goals:

(1) rehabilitation/assertive community treatment/supported employment
(2) psychological maturation/illness management and recovery skills
(3) work through intrapsychic and interpersonal conflict
(4) promote autonomy, independence, and skills acquisition
(5) family psychoeducation/significant others involvement

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Interdisciplinary Opportunities

- Severe psychopathology is characteristic of patients in OSH, but many patients in OSH suffer from multiple medical, physical, and psychological problems.
- These are manifested in several ways. Management issues include:
  - Falls- some patients experience prolonged periods of risk for falls (OT, PT, PA)
  - Need for a variety of medications administered to individual patients (PA, Pharm, bioinformatics issues)
- New approaches to treatment care planning process and format
- Changes in staff roles: nursing staff as group leaders, trained in CADC certification
- Use of ACL for group placements- OT & Psych possible collaborations

Addressing long term change

- State hospital and long term changes
  - New treatment models
    - Federal, State, and Professional standards
  - New organizational structures

Research and consultation needs noted by OSH

Organizational Change

- Move to centralized services (“Treatment Mall”)
- Move to new hospital
- Leadership changes
  - New Superintendent and Chief Medical Officer
  - General leadership throughout for successful transition
- Transition to Evidence Based Practices

New challenges, new opportunities

- Integrating culture of patients into treatment.
- Evaluating the success of new risk assessment, intakes, and other processes
- Evaluating programs for discharge readiness & community reintegration, dual diagnosis, medication management & psychopharmacology.

What is needed to create the changes?

Leadership

Leaders need:

- Character
- Vision
- Strategic and tactical thinking
- Ability to inspire others
  - To challenge the status quo
  - Model new ways of thinking and doing
  - Inspire and empower others
- Expertise and credibility
- To earn the respect of others

Leadership is not enough (“You can lead a horse to water but you can’t make him drink”)

Teamwork

To convert a group into a team, you need:

- Shared vision
- Common performance standards and reward system that encourages teamwork
- Mutual accountability
- Proper balance of procedure and opportunity to use ingenuity
- The means to do the job
  - Resources, environment, training, support
- Mutual respect and support
- Common working approach

A set of identified mechanisms of change

The mechanisms of change are the means through which interventions actually create the intended results. To identify the applicable MOCs you need:

- Theory of the MOC and of the system
- Information
- Logic relating activities to outcomes

Understanding the forces for and against change

What is the direction of change?

- Top down
- Bottom up
- Outside in
- Inside out

What would you do?

- What consultation strategy would:
  - Create the most buy-in?
  - Meet new standards of care?
  - Create a culture open to future changes?
  - What is the mechanism of change involved in your strategy? How is it linked to the goals of the intervention?

Special problems with interdisciplinary consultation

- Different ethical standards
- Different conceptualizations of evidence based practice
- Different relationships with clients